

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class C Charter Certificate from
Classic Choice Limo LLC

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2018 - 273 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print) Silena White

Submitted by:

Telephone:

843 224 0241

Address: 217 Sparkleberry lane

Fax:

Ladson SC 29456

Other:

Email: silenahagood@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Request for Name Change on Certificate

☐ Application - Class C Taxi

☐ Request to Amend Scope of Authority

☒ Application - Class C Charter

☐ Request to Amend Tariff (rate increase, etc.)

☐ Application - Class C Charter Bus

☐ Request to Amend Passenger Limit

☐ Application - Class C Non-Emergency

☐ Request

☐ Application - Class C Stretcher Van

☐ Exhibit

☐ Application - Class E Household Goods

☐ Late-Filed Exhibit

☐ Application - Class E Hazardous Waste

☐ Letter

☐ Application

☐ Proposed Order

☐ Request for Extension to Comply with Order

☐ Publisher's Affidavit

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Reservation Letter

☐ Request for Cancellation of Certificate

☐ Response

☐ Request for Suspension

☐ Return to Petition

☐ Request for Reinstatement

☐ Other:

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

RECEIVED

AUG 16 2018

PSC SC
MAIL / DMS

DD

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER**

Date: 8/4/2018

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Classic Choice Limo LLC

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

460 King st Suite 200 Charleston Sc 29403

Street Address of Applicant

217 Sparkleberry Lane Ladson SC 29456

Mailing Address of Applicant (if different from street address)

8432240241

Phone

Fax

Silenahagood@yahoo.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and addresses of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

Silena White 217 Sparkleberry lane Ladson SC 29456

Solya White 3106 Pine Trail lane Summerville SC 29486

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	<input type="text"/>	Mortgage/Loan on Real Estate	<input type="text"/>
Value of Motor Vehicles	<input type="text" value="116,000"/>	Loans Owed on Motor Vehicles	<input type="text" value="108,000"/>
Cash on Hand	<input type="text" value="5,000"/>	Business/Other Loans Owed	<input type="text"/>
Cash in Bank	<input type="text" value="15,000"/>	Other Liabilities or Debts	<input type="text"/>
Value of Other Assets and Equipment	<input type="text"/>	Total Liabilities	<input type="text" value="108,000"/>
Total Assets	<input type="text" value="136,000"/>		

INSTRUCTIONS:

1. “Value of Real Estate” means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. “Mortgage/Loan on Real Estate” means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. “Value of Motor Vehicles” means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. “Loans Owed on Motor Vehicles” means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. “Cash on Hand” is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. “Business/Other Loans Owed” means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. “Cash in Bank” means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. “Value of Other Assets and Equipment” should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. “Other Liabilities or Debts” means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

100.00 per hour

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
Cadillac	2017 Escalade	1GYS4BKJ1HR200210	
Cadillac	2017 Escalade ESV	1GYS3HKJ2HR116192	

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE

The following insurance quote is for:

Classic Choice Limo LLC

Name of Applicant

460 King st Suite 200 Charleston Sc 29403

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 16,473

Limits 1.5 million combined single limit

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1-7 Passengers* \$ 25,000/50,000/25,000

8-15 Passengers* \$ 25,000/100,000/25,000

* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

Progressive Insurance Company

Name of Insurance Company

6300 Wilson Mills Rd Box W33 Mayfield Village Ohio 44173

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

Silena White

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.
☒ Yes ☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.
☒ Yes ☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.
☒ Yes ☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.
☒ Yes ☐ No

5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.
☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

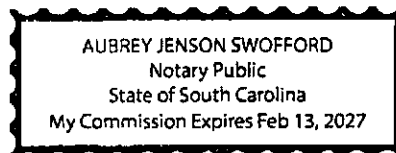
Silen White
Applicant's Signature

Owner
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Dorchester)

SWORN TO BEFORE ME
This 8th day of August, 2018
[Signature]
Notary Public

Commission Expires Feb 13 2027



Print Application

The State of South Carolina




Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

CLASSIC CHOICE LIMO LLC,
a limited liability company duly organized under the laws of the State of South Carolina on May 17th, 2018, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 24th day
of July, 2018.


Mark Hammond, Secretary of State

Jul 24 2018
REFERENCE ID: 1807232309577


Mark Hammond
Secretary of State of South Carolina

Filing ID: 180518-0907465

Filing Date: 05/17/2018

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

**ARTICLES OF ORGANIZATION
Limited Liability Company -- Domestic**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name")

Classic Choice Limo LLC

Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "LLC.", "LLC", "LC.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is
3106 Pine Trail Lane

(Street Address)

Summerville, South Carolina 29486

(City, State, Zip Code)

3. The initial agent for service of process is

Solya White

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:
3106 Pine Trail Lane

(Street Address)

Summerville

South Carolina 29486

(City)

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Solya White

(Name)

3106 Pine Trail Lane

(Street Address)

Ladson, South Carolina 29486

(City, State, Zip Code)

Jul 24 2018
REFERENCE ID: 1807232309577

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

Classic Choice Limo LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time _____.

Jul 24 2018

REFERENCE ID: 1807232309577


SECRETARY OF STATE OF SOUTH CAROLINA

Classic Choice Limo LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Solya White

Signature of Organizer

Date: 05/17/2018

Signature of Organizer

Date: 8/12/2018

Jul 24 2018
REFERENCE ID: 1807232309577


SECRETARY OF STATE OF SOUTH CAROLINA

Filing ID: 180706-1513312

Filing Date: 07/06/2018

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

**NOTICE OF CHANGE OF (1) DESIGNATED OFFICE, (2) AGENT FOR SERVICE OF
PROCESS, OR (3) ADDRESS OF AGENT
LIMITED LIABILITY COMPANY – DOMESTIC AND FOREIGN**

Pursuant to the 1976 S.C. Code of Laws, as amended, §33-44-109, the limited liability company submits the following statement of change.

1. The name of the limited liability company is:

Classic Choice Limo LLC

2. The limited liability company is (check either "a" or "b", whichever is applicable):

- ☒ a. A South Carolina limited liability company.
☐ b. A foreign limited liability company authorized to transact business in South Carolina.

3. a. The South Carolina street address of the current designated office for the limited liability company is:
3106 pine trail lane

(Street Address)

Summerville, South Carolina 29486

(City, State, Zip Code)

- b. The name of the company's current agent for service of process is:

Solya White

(Name)

- c. The South Carolina street address of the current registered agent's office is:
3106 Pine Trail Lane

(Street Address)

Summerville, South Carolina 29486

(City, State, Zip Code)

4. Check and complete all boxes (a-c) that apply.

- ☒ a. The company is changing the address of its designated office.

The new South Carolina address of the designated office of the limited liability company is:
460 King Street Suite 200

(Street Address)

Charleston, South Carolina 29403

(City, State, Zip Code)

Jul 24 2018

REFERENCE ID: 1807232309577

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

Classic Choice Limo LLC

Name of Limited Liability Company

- ☒ b. The company is changing its agent for service of process.

The name of the company's new agent for service of process is:

Silena White

(Name)

I hereby consent to the appointment as registered agent.

Silena White

(Agent's Signature)

- ☐ c. The company is changing the street address of the agent for service of process.

The new South Carolina street address of the registered agent's office is:

(Street Address)

(City, State, Zip Code)

5. Unless otherwise specified, these articles are effective when endorsed for filing by the Secretary of State. Specify the time and date of any delayed effective date _____
(Date)

Date: 07/06/2018

Signed as Authorized Signature: Solya White

(Signature)

Solya White

(Print Name)

Capacity/Position of Person Signing (You must check one box.)

- ☐ Manager ☐ Member ☒ Organizer
☐ Fiduciary ☐ Attorney-in-Fact

INSURANCE PROPOSAL

Customer	Classic Choice Limo, LLC
Agency	Crosswinds Insurance Agency
Proposal Date:	August 6, 2018
Effective Date: TBA	Expiration date: TBA
Quoting Carrier:	Progressive Insurance Company

Renado Robinson
Producer
Crosswinds Insurance Agency, LLC
803-223-9424
rrobinson@crosswindsinsurance.com

Thank you for the chance to quote your business. Please this quote is descriptive in nature and should be reviewed in conjunction with the policy form for detailed information related to the coverage being provided. Coverage is not considered bound without written confirmation from a licensed agent of Crosswinds Insurance Agency, LLC.

PREMIUM SUMMARY

Coverage	Premium
Business Auto	\$16,488
Total	\$16,488

COMMERCIAL AUTOMOBILE

AUTO PREMIUM SUMMARY

Quoting Insurance Company: Progressive Insurance Company

Description	Limits	Deductible	Premium
Liability to Others Bodily Injury and Property Damage Liability	\$1,500,000 combined single limit		\$10,576
Uninsured Motorist Bodily Injury/Property Damage	\$100,000 each Person/\$100,000 each accident	\$200	\$704
Underinsured Motorist Bodily Injury/Property Damage	\$100,000 Each Accident		\$818
Comprehensive See Auto Coverage Schedule	Limit of liability less deductible	\$500	\$965
Collision See Auto Schedule	Limit of liability less deductible	\$500	\$3,156
Rental Reimbursement	\$50 per day/\$1,500 per vehicle		\$220
Roadside Assistance	Included per vehicle		\$20
Form E Filing Fee + SC UM Fund charge			\$29
TOTAL PREMIUM			\$16,488 if installments. 20% down (\$3,320.80) and 9 installments of \$1,475.03 \$14,246 if paid in full

AUTO COVERAGE SCHEDULE

Vehicle	VIN	Stated Amount	Garaging Zip Code	Radius
2017 Cadillac Escalade	1GY54BKJ1HR200210	\$60,000	29456	100
2017 Cadillac Escalade	1GYS3HKJ2HR116192	\$65,000	29456	100

SCHEDULED DRIVERS

Driver Name	D/O/B	DL#	State of Issue
Solya White			SC
Silena White			SC

ITEMS NEEDED TO BIND COVERAGE:

1. Signature accepting this proposal
2. Signed Progressive applications
3. Payment due upon binding coverage

This quote is descriptive in nature and should be reviewed in conjunction with the policy form for detailed information related to the coverage being provided.

I accept this proposal as presented

Signed

Title

Date: